



**EARLY DEVELOPMENT NETWORK**  
**Notice and Consent for Special Education**  
**Initial Multidisciplinary Evaluation**



Child's Name	Date of Referral
Parent's Name	

The \_\_\_\_\_ Public School proposes to conduct a multidisciplinary evaluation of your child.  
The district proposes to evaluate your child because:

1. Explanation of why the district proposes to evaluate your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Any options the district considered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Reasons why the above options were rejected: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Description of each evaluation procedure, test, record or report the district uses as a basis for this proposal to evaluate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Any other factors which are relevant to this proposal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The amount of time for completing the multidisciplinary evaluation and making the verification decision is: 45 calendar days from the time the referral was made to the public agency unless the family finds it necessary to delay the school district.  
If exceptional circumstances exist, the explanation is \_\_\_\_\_

Following is a description of the components of the multidisciplinary evaluation which the district proposes to conduct:

- ☐ **ADAPTIVE DEVELOPMENT**  
Multidisciplinary Evaluation Description: \_\_\_\_\_  
\_\_\_\_\_
- ☐ **COGNITIVE**  
Multidisciplinary Evaluation Description: \_\_\_\_\_  
\_\_\_\_\_
- ☐ **PHYSICAL DEVELOPMENT (INCLUDING VISION AND HEARING)**  
Multidisciplinary Evaluation Description: \_\_\_\_\_  
\_\_\_\_\_
- ☐ **SOCIAL AND EMOTIONAL DEVELOPMENT**  
Multidisciplinary Evaluation Description: \_\_\_\_\_  
\_\_\_\_\_
- ☐ **SPEECH AND LANGUAGE (COMMUNICATION) DEVELOPMENT**  
Multidisciplinary Evaluation Description: \_\_\_\_\_  
\_\_\_\_\_
- ☐ **OTHER** \_\_\_\_\_  
Multidisciplinary Evaluation Description: \_\_\_\_\_  
\_\_\_\_\_



Parents of children with a suspected disability have protection under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA). A copy of these "Parental Rights in Special Education" as well as a copy of the procedures for filing complaints and due process hearings are provided with this notice. You should carefully read the information and, if you have any questions regarding your rights, you may contact:

\_\_\_\_\_ at \_\_\_\_\_  
(Name) (Telephone Number)

ADDITIONAL INFORMATION

You may contact any of the following resources to help you understand the federal and state laws for educating children with disabilities and parental rights granted by those laws. An explanation of your rights will be provided at no cost by any of the following organizations:

- Nebraska Department of Education Regional Offices:
- Lincoln Office

(402) 471-2471
- Omaha Office

(402) 595-2177
- Scottsbluff Office

(308) 632-1349
- Hotline for Disability Services

(800) 742-7594
- Nebraska Parent Training Center

(800) 284-8520 or (402) 346-0525
- Nebraska Advocacy Services

(800) 422-6691 or (402) 474-3183

GIVE CONSENT FOR INITIAL EVALUATION

I/We have received a copy of the Notice of this proposed evaluation, understand the content of this Notice and **GIVE CONSENT** for the multidisciplinary evaluation specified in this notice. I understand that this consent is voluntary, and may be revoked at any time.

\_\_\_\_\_  
Signature of Parents Date

DO NOT GIVE CONSENT FOR INITIAL EVALUATION

I/We have received a copy of the Notice of this proposed evaluation, understand the content of this Notice and **DO NOT GIVE CONSENT** for the multidisciplinary evaluation specified in this notice. The reason for not giving consent to the evaluation is:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parents Date